#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL GALLIFORD

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR
Name	GALLIFORD, RUSSELL
Address	3022 PARMA DR
City-State-Zip:	DELTONA FL 32738

- Authorized Person(s) Detail :

Entity Name: AMERICAN CRAFTSMAN OF CENTRAL FL LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

3022 PARMA DR DELTONA, FL 32738

#### **Current Mailing Address:**

DOCUMENT# L12000003763

3022 PARMA DR DELTONA. FL 32738 US

#### FEI Number: 45-4211883

### Name and Address of Current Registered Agent:

GALLIFORD, RUSSELL 3022 PARMA DR DELTONA, FL 32738 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE: RUSSELL GALLIFORD

Electronic Signature of Registered Agent

5724450568CC

FILED Apr 05, 2019

Secretary of State

Certificate of Status Desired: No

04/05/2019 Date

Date

OWNER